BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **GREGG P. STANDAGE, M.D.** Holder of License No. 22289 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-11-0900A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR DECREE OF CENSURE AND PRACTICE RESTRICTION**

The Arizona Medical Board ("Board") considered this matter at its public meeting on June 6, 2012. Gregg P. Standage, M.D., ("Respondent") appeared with legal counsel before the Board for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 22289 for the practice of allopathic medicine in the State of Arizona. According to Respondent, his main training is in internal medicine, but he began practicing pain medicine after another member of the medical group essentially transformed their clinic into a pain management practice.

3. The Board initiated case number MD-11-0900A after receiving a complaint from the U.S. Drug Enforcement Agency ("DEA"), stemming from a pharmacist's concern regarding prescriptions written by Respondent for Methadone and Librium "for opiate withdrawal and pain." It was alleged that Respondent treated opioid addiction with Methadone, outside the setting of a formal certified opioid treatment center.

4. RNC established care with Respondent in December of 2010 with subjective complaints of low back pain. There is no documentation provided, either in the

contemporaneous notes or CSPMP review, to support that RNC had been prescribed any opioids at all at the time he established care with Respondent. At the Formal Interview, Respondent testified that he and his employees assumed RNC had been a patient of another doctor in the practice, but later determined that assumption was not correct. Respondent also admitted that he did not utilize the Arizona Controlled Substances Prescription Monitoring Program (CSPMP) report service at that time.

5. In the absence of past medical record review or verification of current opioid dosage, Respondent initiated an extremely high, potentially fatal dosage of opioids in a non-tolerant individual (daily Morphine equivalent 720 mg). Despite minimal MRI findings, the presence of methamphetamine on urine drug screen, and the presence of unprescribed controlled substances on urine drug testing, Respondent continued to prescribe high dose Methadone.

6. At one point Respondent received an anonymous tip that RNC was selling his medications, but he did not stop the high dose Methadone prescriptions even though a subsequent urine screen was negative for the prescribed medications.

7. Respondent testified that he did not stop the Methadone prescriptions because of his concern that it would be illegal under federal law to discontinue them. According the Board's Medical Consultant (MC), however, there is no legal prohibition against discontinuing a prescription medication when it's no longer indicated or contraindicated.

8. The MC identified multiple deviations from the standard of care as well as aggravating factors. The MC found it particularly aggravating that Respondent continued to prescribe large quantities of Methadone and Librium to the patient even after urine drug testing (obtained after an anonymous allegation that RNC was selling his medications) was negative for the prescribed Methadone and Librium. The MC also found that

Respondent's medical records for RNC were sparse and poorly legible. The MC opined that the initial dosage of opioid prescribed for RNC by Respondent was excessive and potentially life threatening for an opioid naïve individual.

9. The standard of care for initial dosages of opioids requires a physician to take into account whether the patient is opioid naïve or opioid tolerant.

10. Respondent deviated from the standard of care by introducing Methadone at 120mg daily without verifying that RNC was opioid tolerant and additionally prescribing Oxycodone 180mg daily for a total daily morphine equivalent of 720mg.

11. The standard of care when controlled substances with the potential for abuse are prescribed for chronic non-malignant pain requires a physician to monitor for efficacy, adverse effects, and to closely monitor for, recognize, and follow up on problems suggestive of non-compliance and/or aberrant drug seeking.

12. Respondent deviated from the standard of care by initiating high dose opioids in the absence of objective verification of the subjective complaints or any past medical record review. Despite a subsequent MRI identifying minimal pathology and the initial drug screen positive for methamphetamine, the high dose opioids were continued.

13. The standard of care when problems suggestive of non-compliance and/or aberrant drug seeking are present requires a physician to reassess the treatment plan, and particularly prior to dose escalation and/or introduction of additional controlled substances with abuse potential.

14. Respondent deviated from the standard of care by continuing to prescribe high dose methadone without further investigating red flags for noncompliance and dangerous drug taking behavior to include an anonymous allegation that RNC was selling his pain medications, along with urine drug screen and multiple urine drug tests with unexpected findings.

15. Respondent's deviations from the standard of care resulted in the perpetuation of inappropriate drug seeking for nontherapeutic purposes by continuing to prescribe controlled substances after urine drug testing identified these substances were not being used by Respondent.

16. Respondent's deviations from the standard of care had the potential to cause accidental prescription drug overdose, which could result in aspiration, coma, brain damage and/or death.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) ("[f]ailing or refusing to maintain adequate records on a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Decree of Censure.

2. Respondent's practice is restricted as follows:

   a. Respondent is prohibited from prescribing, administering, or dispensing any Controlled Substances for a period of 10 years.

   b. Within 30 days of the effective date of this order, Respondent shall enter into a contract with a Board pre-approved monitoring company to provide all monitoring services to ensure compliance with the terms of the

practice restriction. Respondent shall bear all costs of monitoring requirements and services.

3. Respondent may petition the Board to request termination of the practice restriction after five years.

4. The Board retains jurisdiction and may initiate new action based upon any violation of this Order.

DATED AND EFFECTIVE this 2nd day of February, 2012.

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

EXECUTED COPY of the foregoing mailed this 2nd day of Aug, 2012 to:

Ms. Kathleen L. Leary
Smith Law Group
Davis House
262 N. Main Ave.
Tucson, AZ 85701
(Attorney for Respondent)

ORIGINAL of the foregoing filed this 2nd day of Aug, 2012 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Arizona Medical Board Staff